2021 PsySOM OSCE Night Station 1

*You have been provided with the following candidate instructions. You have **4 minutes** to read and prepare for your station. Please read the instructions carefully.*

CANDIDATE INSTRUCTIONS

You are a junior doctor working in a GP clinic and are about to review Sarah Mann, a 47-year-old gift shop owner.

Her appointment was booked in by her very concerned husband, Pete. He cited Sarah's ongoing low mood as a reason for booking an appointment.

You have taken a collateral history from Pete and found that they have 2 children, Samuel (23) and Joshua (25). Both sons are doing well, and Sarah adores them dearly.

Sarah has a diagnosis of hypercholesterolaemia and takes statins for management. In terms of relevant family history, Sarah's father passed away from suicide at age 57 with a background of persistent depressive disorder and borderline personality disorder.

This patient does not identify as being Aboriginial or Torres Strait Islander.

In 8 minutes, your tasks are as follows:

1. Take a relevant history from Sarah including a brief risk assessment. (6 minutes)
2. Answer any questions asked by the examiner. (2 minutes)

ROLE PLAYER INSTRUCTIONS

You are Sarah Mann, a 47-year-old gift shop owner. You are happily married to Pete and have 2 adult sons - Samuel and Joshua. Pete, has brought you into general practice because he thinks you have a low mood. In the interview with the intern, you have a closed posture with a sad affect and minimal eye contact or facial expression. You speak softly and your responses are slow. If **asked about your sons,** your **mood lightens** and you make eye contact with the candidate.

Unless stated, assume Sarah does not know the answer to the question.	
Opening statement	"I have just been feeling a little low and slow lately. I don't know… I just feel worthless... I guess?"
Trigger for current presentation	"Well, 2 months ago we went into a COVID lockdown, but even though we've been out of it for 2 weeks - I just can't find the energy to do anything and even reopen my shop."
Current presentation	● Low mood started 2 months ago and is now worsening. ● Feel happier if you think about your sons - Sam (23) and Josh (25), and you are proud of them. Looking forward to seeing them when you can. ● Low energy and tired all the time. ○ You sleep 10 hours a day at night, and nap during the day. You have not gotten out of bed for the last 3 days. You have not showered. ○ You feel sluggish, your body feels heavy and it is too much effort to move. ● Cognition: I can't focus on anything anymore, not even watching TV. It's like swimming in fog. ● Increased food intake: gained 7 kg in 3 months. I can't stop myself from eating, and eating, and eating. ● Lost interest in your gift shop, you loved it previously. ● Used to enjoy tennis but can't find the motivation now either. ● Have thoughts of suicide, but **no** current plans or previous attempts
Risk Assessment	● Financial: You have not been able to work. You depend on your husband (accountant) to support you financially. ● Neglect: You have not showered for a week. ● Relationship: Your relationship with your husband is strained because of your mood and worthlessness.
Substance Use	● Alcohol: 1 bottle of red wine a day in the last week. Previously you only drank 2 glasses of red wine with dinner on most nights.

MARKING GUIDE († denotes pertinent points)

S1: ATYPICAL DEPRESSION	**Needs Improvement**	**Proficient**	**Excellent**
History Taking and Risk Assessment			
Introduces self and confirms patient details. Sets context for the interview including consent. Uses open and closed questions appropriately. Establishes good rapport.			
† Explores HOPC including duration and onset, evolution of Sx and events leading up to the presentation.			
† Conducts a depression screen: Identifies ≥ 5 pertinent Sx (low mood, low energy, poor sleep, poor concentration, increased food intake, lack of interest in enjoyable activities, suicidal thoughts, worthlessness).			
† Excludes of ≥ 4 causes: organic Sx, manic Sx, psychotic Sx, anxiety Sx.			
† Conducts a basic risk Ax of ≥ 4 domains: presence of suicidal intent/harm/plan, recent/past substance use, other harm to self or others, current living situation/financial status, support from family/friends, exercise/diet.			
Assesses patient's past psychiatric and medical history (i.e. meds, allergies and FHx)			

Examiner Question #1: Briefly state and justify the most likely diagnosis.			
† Correctly diagnoses patient with major depressive disorder with atypical features.			
† Provides justification by stating depressive Sx, presence mood reactivity to thoughts of children, excessive weight gain and increased sleep.			
Examiner Question #2: Based on this information, how would you manage Sarah?			
† In the immediate setting: Investigates for possible organic causes, considers frequent monitoring with GP and follow-up appointment.			
† In the short-term, considers antidepressant medication and psychoeducation for patient and family.			
† In the long-term, considers need for psychotherapy, continued management by GP, providing advice on SNAP-W and social support groups where necessary.			
† Utilises Bio-Psycho-Social model to approach management and considers immediate, ST and LT management.			
General feedback:			

KEY LEARNING POINTS FROM OSCE NIGHT

READING THE STEM:

- Look for hints in the stem of questions to ask (e.g: "Sarah adores [her sons] dearly", was included to prompt candidates to ask about them, allowing Sarah to demonstrate her mood reactivity, and aid in the diagnosis of atypical depression).
- Do not re-ask information already given in the stem as there will not be marks for it (e.g: Medical history, Medications).

RISK ASSESSMENT:

- There are so many ways to take a risk assessment - one such way is shown below!
- An excellent student will categorise each risk below as "low", "moderate" or "high risk" and summarise these by giving an overall risk assessment.

BIO	PSYCHO	SOCIAL
Suicide Self-harm Drug/alcohol abuse	Non-compliance Deterioration Hopelessness **Question examples:** *"What would happen if we admitted/discharged you?"* *"Would you be willing to talk about things that may help?"*	*"MOANER"* **M**oney: financial **O**thers: dependant children, harm to others **A**dvantage taken/victimised **N**eglect: hygiene, food, sleep **E**mployment/reputation **R**elationships

Consider the specifiers of mental illness:

1. **Severity:** Mild, moderate, severe
2. **Remission status:** Partial/ Full
3. **Onset:** early, late, peripartum
4. **Illness pattern:** Single, Recurrent, Rapid cycling, Seasonal
5. **Clinical features:** Anxious distress, Mixed, Melancholic, Atypical, Catatonic, Psychotic (Mood congruent, Mood incongruent)

This patient had atypical depression classified by **Mood reactivity** and **2/5 of the following:**

1. **Significant weight gain/ overeating**
2. **Hypersomnia**
3. Leaden paralysis
4. Functional impairment
5. Criteria for melancholic and catatonia are not met in the same episode

MANAGEMENT:

- Use the bio-psycho-social, short-medium-long term model to address management.
- Always consider the need for the Mental Health Act, further testing (LFT, TFT, FSH/LH)
- Consider management of co-existing conditions (i.e an alcohol withdrawal scale in this case).